

68-11-1625. State health planning and advisory board - Creation - Composition - Appointments - Terms - Vacancies - Chair - No compensation for services - Reimbursement for expenses - Schedule of fees - Annual evaluation - Duties and responsibilities. — (a) (1) There is created a state health planning and advisory board composed of thirty-four (34) members. Twenty-four (24) members shall be appointed by the governor, three (3) appointed by the speaker of the senate, and three (3) appointed by the speaker of the house of representatives. The commissioners of the departments of health and mental health and developmental disabilities shall serve as ex officio voting members. The chairs of the finance, ways and means committees of the senate and the house of representatives shall serve as ex officio voting members. The members appointed by the governor shall be composed as follows:

- (A) One (1) member from a medical school located in Tennessee;
- (B) One (1) member who is a physician/surgeon as recommended by the Tennessee Medical Association or other similar major statewide association;
- (C) One (1) member who is a registered nurse as recommended by the Tennessee Nurses Association or other similar major statewide association;
- (D) One (1) member representing county governments as recommended by the Tennessee County Services Association or other similar major statewide association;
- (E) One (1) member representing municipal governments as recommended by the Tennessee Municipal League or other similar major statewide association;
- (F) One (1) member representing rural hospitals as recommended by the Tennessee Hospital Association or other similar major statewide association;
- (G) One (1) member representing government owned hospitals as recommended by the Tennessee Hospital Association or other similar major statewide association;
- (H) One (1) member representing public and teaching hospitals as recommended by the Tennessee Hospital Association or other similar major statewide association;
- (I) One (1) member representing urban hospitals as recommended by the Tennessee Hospital Association or other similar major statewide association;
- (J) One (1) member representing rural nursing homes as recommended by the Tennessee Health Care Association or other similar major statewide association;
- (K) One (1) member who is a primary care physician as recommended by the Tennessee Medical Association or other similar major statewide association;
- (L) One (1) member representing the private insurance industry as recommended by the Tennessee Farm Bureau Federation or other similar major statewide association;
- (M) One (1) member representing urban nursing homes as recommended by the Tennessee Health Care Association or other similar major statewide association;
- (N) One (1) member representing home health agencies as recommended by the Tennessee Association of Home Care or other similar major statewide association;
- (O) One (1) member representing hospices as recommended by the Tennessee Association of Home Care or other similar major statewide association;
- (P) One (1) member representing small businesses as recommended by the Tennessee chapter for the National Federation of Independent Business or other similar major statewide association;
- (Q) One (1) member representing organizations for the population over the age of sixty-five (65) years as recommended by the AARP or other similar major statewide association;

(R) One (1) member representing providers of mental health services as recommended by the Tennessee Association of Mental Health Organizations or other similar major statewide association;

(S) One (1) member representing the providers of developmental disability services as recommended by the Tennessee Disability Association or other similar major statewide association;

(T) One (1) member representing the state insurance committee;

(U) One (1) member representing labor as recommended by the Tennessee AFL-CIO labor council or other similar major statewide association;

(V) One (1) member representing organizations for indigent and underserved populations as recommended by the Tennessee Justice Center

(W) One (1) member representing a business with more than one hundred fifty (150) employees as recommended by the Tennessee Association of Business or other similar major statewide association; and

(X) One (1) member recommended by the Volunteer State Medical Association

(2) The terms of the appointments shall be three (3) years. The terms shall be staggered so that the initial term for the first eight (8) members shall be one (1) year; the initial term for the second eight (8) members shall be two (2) years; and the term for the remaining eight (8) members shall be three (3) years. The speakers shall make their initial appointments designating one (1) for a term of one (1) year, one (1) for a term of two (2) years and one (1) for a term of three (3) years. Following the initial terms, all terms shall be three (3) years. No member shall serve more than two (2) consecutive, three-year terms.

(3) In making appointments to the state health planning and advisory board, the governor and the speakers shall strive to ensure that racial minorities, females, and persons sixty (60) years of age are represented.

(4) The members appointed by the speakers shall be persons who are knowledgeable of health needs and services and representative of the consumers of health care in Tennessee. The members shall not be a direct provider of health care goods or services.

5) Members of the board shall be subject to removal by the governor or the speakers accordingly for neglect of duty or failure to attend at least seventy-five percent (75%) of the meetings of the board in any year. Vacancies shall be filled by the governor or speakers as appropriate.

(6) The member representing a medical school located in Tennessee shall serve as chair.

(7) Twenty-two (22) members shall constitute a quorum. The members shall elect a vice chair at the first meeting of the fiscal year.

(8) Members of the board who are not employed by the state will not be paid for their service. Each member will be reimbursed for travel expenses in accordance with the provisions of the comprehensive travel regulations as promulgated by the department of finance and administration.

(9) A separate account is authorized to provide support for the state health planning and advisory board. The following schedule of fees from health care providers shall be collected annually and administered by the health services and development agency. The account shall be used for the services required to fulfill the duties of the state health planning and advisory board. All planning staff shall be hired by and under the direction

of the executive director of the health services and development agency. The following schedule shall apply:

(A) Residential hospice.....	\$100 per license;
(B) Nursing homes.....	100 per license;
(C) Hospitals 1-100 beds.....	100 per license;
(D) Hospitals 101-200 beds.....	200 per license;
(E) Hospitals 200 + beds.....	300 per license;
(F) Ambulatory surgical treatment centers.....	100 per license;
(G) Outpatient diagnostic centers.....	100 per center;
(H) Home care organizations.....	100 per license;
(I) Homes for the aged.....	50 per license;
(J) Birthing Centers.....	50 per license;
(K) Assisted living facilities.....	100 per license;
(L) Alcohol and drug facilities (including non-residential and methadone treatment facilities).....	75 per license;
(M) Mental health hospitals 1-100 beds.....	100 per license;
(N) Mental health hospitals 101 + beds.....	200 per license;
(O) Mental health residential treatment facilities.....	100 per license;
(P) Mental retardation institutional habilitation facilities.....	100 per license;

(b) It is the purpose of the board to develop a state health plan that is evaluated and updated at least annually. The plan shall guide the state in the development of health care programs and policies, and the allocation of health care resources in the state.

(c) It is the policy of the state of Tennessee that:

- (1) Every citizen have reasonable access to emergent and primary care;
- (2) The state's health care resources be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care industry;
- (3) Every citizen have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers; and
- (4) The state support the recruitment and retention of a sufficient and quality health care workforce.

(d) The board shall be staffed administratively by the agency until such time that the agency has developed a planning and data resources staff. The agency staff shall coordinate the agendas and request the assistance of other agencies such as the departments of health and mental health and developmental disabilities to assist in the areas and programs under their jurisdiction by providing testimony, data and reports.

(e) The duties and responsibilities of the board include:

- (1) To develop and adopt a state health plan;
- (2) To submit the plan to the health services and development agency for comment;
- (3) To submit the state health plan to the governor for approval and adoption;
- (4) To hold public hearings as needed;
- (5) To review and evaluate the plan at least annually;
- (6) To respond to requests for comment and recommendations for health care policies and programs;

(7) To conduct an ongoing evaluation of Tennessee's resources for accessibility, including but not limited to financial, geographic, cultural, and quality of care;

(8) To review the health status of Tennesseans as presented annually to the board by the department of health and the department of mental health and developmental disabilities;

(9) To review and comment on federal laws and regulations that influence the health care industry and the health care needs of Tennesseans;

(10) To involve and coordinate functions with such state entities as necessary to ensure the coordination of state health policies and programs in the state;

(11) To prepare an annual report for the general assembly and recommend legislation for their consideration and study; and

(12) To establish a process for timely modification of the state health plan in response to changes in technology, reimbursement and other developments that affect the delivery of health care.

(f) At the first meeting of the board, the members shall review current criteria and standards developed by the health planning commission in 2001, and adopt the criteria and standards as guidance for the issuance of certificates of need until such time as a new state health plan is developed. The board may make subsequent changes to the criteria and standards pending development of the new state health plan. [Acts 2002, ch. 780, § 4.]

<p>Compiler's Notes. The state health planning and advisory board, created by this section, terminates June 30, 2004. See §§ 4-29-112, 4-29-225.</p> <p>Effective Dates. Acts 2002, ch. 780 § 9. May 29, 2002.</p>	<p>Section to Section References. This section is referred to in §§ 4-29-225, 68-11-1605, 68-11-1609.</p>
--	--